

Dermatol Ther (Heidelb) (2015) 5:87–89  
DOI 10.1007/s13555-015-0069-2

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## ERRATUM

# Erratum to: Sorafenib-Associated Facial Acneiform Eruption

Philip R. Cohen

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Received: November 3, 2014 / Published online: January 24, 2015  
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Erratum to: Dermatol Ther (Heidelb) (2014) 5(1)  
DOI 10.1007/s13555-014-0067-9

associated facial acneiform facial eruptions” is  
to be replaced with the following:

The author of the above-mentioned paper noticed some errors subsequent to publication and would like to make the following correction.

On page 6 there is to be a change to the labelling of **Table 2** footnotes. “**Table 2** Characteristics of patients with sorafenib-

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The online version of the original article can be found under doi:[10.1007/s13555-014-0067-9](https://doi.org/10.1007/s13555-014-0067-9).

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P. R. Cohen (✉)  
Division of Dermatology, University of California  
San Diego, 10991 Twinleaf Court, Twinleaf Court,  
California 92131-3643, USA  
e-mail: [mitehead@gmail.com](mailto:mitehead@gmail.com)

**Table 2** Characteristics of patients with sorafenib-associated facial acneiform facial eruptions

Case [Ref.]	1 [37]	2 [38] C1	3 [39]	4 [38] C2	5 CR
Age (years)	42	51	52	65	79
Race	NS	White	White	White	Asian
Sex	Female	Male	Male	Male	Male
Ca	LEH	mRCC	mRC	mRCC	HCC
FAL	+	<sup>b</sup>	+	<sup>d</sup>	<sup>f</sup>
OSAL	Trunk (upper)	Arms, axillae, back (upper), chest (upper)	Genital area, neck, scalp	–	–
Symptoms	–	Burning sensation, oiliness (increased), pruritus	Pain	Oiliness (increased)	–
Lesion morph	Papules, pustules	Open comedones = closed comedones (Ca-L)	Papules, pustules	Open comedones = closed comedones (Ca-L)	Open comedones > closed comedones (Ca-L)
Soraf dose	400 mg BID × 4 weeks, then 800 mg BID	400 mg BID	600 mg QD	400 mg BID	400 mg BID
Onset <sup>a</sup>	4.1	6	4	8	1.3
OSCAE	NS	NS	Alopecia, HFSCR, SFFH, Sp-1	NS	Alopecia, HFSCR, ISK, SD-LE, xerosis
Treatment	Cleared 2 weeks after Soraf dose lowered to 400 mg BID	70% improvement after BP × 2 months	Improvement after oral tetracycline and topical: BP, EES, Flu, and Met	Tret 0.05%	Clin, Tret 0.025%

Table 2 continued

Case [Ref.]	1 [37]	2 [38] CI	3 [39]	4 [38] C2	5 CR
Comment	Pt died 2 months after lowering dose of Soraf from cancer prog	<sup>c</sup>	Soraf stopped for surgery; ACE reappeared when restarted soraf	Exposure to Agent Orange in Vietnam <sup>e</sup>	Lesions slowly resolving with topical therapy after stop Soraf
	<p>ACE acneiform eruption, <i>BID</i> twice daily, <i>BP</i> benzoyl peroxide, <i>Ca</i> cancer, <i>Ca-L</i> chloracne-like, <i>C</i> case, <i>Clin</i> clindamycin 1% solution twice daily, <i>CR</i> current report, <i>EES</i> erythromycin, <i>FAL</i> facial acneiform lesions, <i>Flu</i> fluocinonide cream, <i>HCC</i> hepatocellular carcinoma, <i>HFSR</i> hand–foot skin reaction, <i>ISK</i> inflamed seborrheic keratosis, <i>LEH</i> liver epithelioid hemangioendothelioma, <i>Met</i> metronidazole, <i>mRC</i> metastatic renal carcinoma, <i>mRCC</i> metastatic renal cell carcinoma, <i>NS</i> not stated, <i>OSAL</i> other sites of acneiform lesions, <i>OSCAE</i> other sorafenib-associated cutaneous adverse events, <i>prog</i> progression, <i>Pt</i> patient, <i>QD</i> daily, <i>SD-LE</i> seborrheic dermatitis-like eruption, <i>SFFH</i> spiny filiform follicular hyperkeratosis, <i>soraf</i> sorafenib, <i>Sp-I</i> sandpaper-like skin texture, <i>Tret</i> 0.025% tretinoin 0.025% cream each evening, <i>Tret</i> 0.05% tretinoin 0.05% cream each evening, + present, – absent</p> <p><sup>a</sup> Number of weeks on sorafenib prior to appearance of acneiform eruption</p> <p><sup>b</sup> The facial acneiform lesions were located on bilateral malar cheeks and postauricular areas</p> <p><sup>c</sup> A skin biopsy of an acneiform lesion showed milia-like cyst with a sparse lymphocytic inflammatory dermal infiltrate</p> <p><sup>d</sup> The facial acneiform lesions were located on the nose and bilateral malar cheeks, temples and postauricular areas</p> <p><sup>e</sup> The patient did not return for follow up examination</p> <p><sup>f</sup> The facial acneiform lesions were located on bilateral malar cheeks, preauricular areas, ears and postauricular areas</p>				